

# The City of Brookhaven, GA

200 Ashford Center North, Suite 150

Atlanta, GA 30338

Main (404) 637-0500

Fax (404) 637-0501

[www.brookhavenga.gov](http://www.brookhavenga.gov)

## HOTEL MOTEL EXCISE TAX REPORTING FORM

Note: Incomplete forms will be returned to you to be fully completed.

Business Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Month/Year Reported: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

ALL SECTIONS OF THIS FORM MUST BE FULLY COMPLETED AND THE RETURN SHALL BE FILED EVEN  
THOUGH NO TAX MAY BE DUE

	1. Gross Room Rental	_____
A. Total Number of Rooms Occupied During This Month	2. Less Permanent Guest Rentals	_____
	3. Taxable Room Rentals	_____
B. Total Exempt Rooms	4. Tax - 5% of Line 3	_____
C. Total Rooms Available This Month (Number of Rooms Times Number of Days During This Month)	5. Penalty - 10% if Past Due 25% Fraud or Intent to Evade	_____
D. Occupancy Percentage (A. divided by B.)	6. Interest - 1% per month or portion thereof time Line 4	_____
E. Average Room Rate This Month	7. Less Collection Fee - 3% of Line 4 (Only Timely Returns)	_____
	8. Total Amount Due	_____
	9. Total Amount Paid	_____

This return and payment of the taxes collected during the month shown are due by the 20th day of the next month to avoid a late payment penalty and interest charges.

I hereby certify that the statements made herein and on any supporting documents are true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Printed Name of Preparer

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date

**PLEASE MAKE A COPY FOR YOUR FILE AND RETURN THE ORIGINAL WITH YOUR PAYMENT.**

Please return this form with remittance to:

**City of Brookhaven ATTN: Excise Tax**

**200 Ashford Center North, Suite 150 Dunwoody, GA 30338**

Make Check Payable To:

**City of Brookhaven**